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AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY.

NASHVILLE, TENNESSEE.

FOR TABLE OF CONTENTS, SEE LAST PAGE OF READING MATTER.

DEERING J. ROBERTS, M. D.,

EDITOR AND PROPRIETOR,

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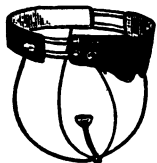
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DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

Vol. 12.

NASHVILLE, JUNE, 1890.

No. 6.

Original Communications.

MEDICAL MATTERS IN OUR NORTH-WEST CORNER. SITKA'S SANITARY STATUS.

BY WILL. F. ARNOLD, M. D., ASS'T SURGEON U. S. N.

Editor of THE SOUTHERN PRACTITIONER.

My Dear Doctor:—In the hope that the incidents of a medical man's life at the confines of civilization may interest your readers, I shall show a few of the pages of my note-book, pleading the restrictions of other duties in extenuation of their crudeness. The native population of this coast (for the interior, away from the rivers, is entirely inaccessible), after more than a century's contact with adventurers of many nationalities, but of great singleness of purpose, present rather unlovely mental and moral attitudes, and, from all that I can learn and see, a very deplorable physical dilapidation.

Their greatest virtue is truly an Indian trait—discretion. They never talk when they can avoid it, and but very rarely aim at the flat minor of their civilized patterns. One would hardly hear

the key of our ordinary conversation reached in a whole day in this village of nearly a thousand inhabitants, while "silence herself" would make a noise about a negro town of half this population, as every Southerner well knows. They seem to have no moral rectitude; and every injury may be atoned by blankets, their legal tender. The slightest service requires remuneration. Often a native has assigned his earthly possessions to a member of his own tribe for rescuing him from drowning, and the fee was fixed, while the assignor was in the water and in his opinion *in articulo mortis*.

From their aquatic ventures they derive a good chest and arm development; but their legs are crooked and often actually deformed from the cramped position they retain so long at a time in narrow canoes.

The cold and rainy weather that so predominates here has forced them to live together in large numbers, and their filthy habits have furnished abundant facilities for the propagation of all kinds of contagious diseases, which they either had or have acquired from the white man. Small-pox, measles, pneumonia and erysipelas, have in turn claimed their hundreds here in epidemic visitations; and consumption, syphilis and gonorrhœa more quietly and more surely do their insidious mutilation, and bring at length the merciful end.

Some of their customs would nauseate an ostrich. The nearest relatives of a consumptive will drink his expectoration as a proof of their devotion; and the urine of an entire family voided in in a common receptacle by no means ordained for this sole purpose, is much esteemed as a lotion for the faces of those excreting it. This gives Neisser's fluid an opportunity undreamt of in his philosophy, and makes *tabes mesenterica* a necessity where pulmonary consumption can hardly be avoided.

The head-louse is eaten *a la bon bon*. I do not know whether the line excludes the body-louse, which with the crab-louse is a permanency.

Their imitative faculties, which are naturally strong, are rapidly banishing these "merderies" as Rabelais would have most truly called them, to the absolutely uncivilized tribes. Many of the

houses here have both a neat outside and a comfortable interior, and the complete second story has superseded the loft in a few of the newer houses.

Judging from this ranche or village, which is by far the most enlightened one in the whole Territory, I should say that at least half of them are suffering from either cold abscesses, caseous lymphatic glands, hip-disease, Pott's disease, or pulmonary tuberculosis. I have met as many as fifteen Indians in whom one of these disorders was evident at a glance, in half an hour's walk along a beach a mile away from their village. This condition of affairs coupled with a high relative sterility, explains the undoubted decrease that this village has undergone since the "turnover," which is the Alaskan epoch.

Acute lobar pneumonia is neither very frequent, nor in my experience, very severe. A Yakutat chief was brought in here dead of it, and one of his retinue, a Copper River Indian, died of it two days after he came; but he was not at all cared for, as the Yakutat Indians wished to claim that both their chief and he had been poisoned, so as to make the Indians who had sold them liquor at Juneau, pay in blankets for killing them. Five other cases treated on the expectant plan all recovered; two of these patients were Russians more than sixty years old, in whose expectoration Friedlander's pneumo-coccus was present in enormous numbers during convalescence. It is said to have prevailed with great virulence as an epidemic about twenty years ago in certain villages; and I can hear from unprofessional sources of its occurrence within the Polar circle. Hence, I think that Loomis' assertion, that "it is unknown in Polar regions" an improbable truth.—(Practical Medicine, Wm. Wood & Co., 1884, p. 77). Erysipelas is sometimes epidemic and very fatal. There have been a few cases here this winter, three of which occurred in a large mission training-school. One of these I succeeded in controlling by denuding the cutis in a half-inch track around the affected area with a vaccination lancet and applying a 1:2000 solution of mercuric chloride, as suggested by Seibert (*N. Y. Med. Jour.*, vol. L., p. 430). The temperature fell from $103\frac{1}{2}^{\circ}$ F. to 99° in twelve hours, and never again exceeded its latter number;

vomiting ceased almost at once, and the patient left her bed the next day practically well.

My most interesting case was that of the head chief of the Sitka tribe as he styled himself, Annahoots by name, which means "great bear." He was about sixty years old, blind of syphilitic iritis, and the reputed subject of an undifferentiated form of heart disease. He suddenly lost consciousness, wrapped himself very tightly in his blankets, refused food, and even liquor, which he had never been known to do before, and resisted every effort at examination in any way. His sense of hearing seemed entirely in abeyance, and he never indicated any appreciation of his surroundings from the first. He seemed to suffer little, if any pain, and slept much of the time, both day and night, yet was never truly comatose. The patellar reflexes were normal. A few times he acted as if he were at a dance or a feast, and would shout out unfamiliar names; but he never spoke any intelligible words.

I assumed that his trouble might be a cerebral lesion of syphilitic origin, and I forcibly fed him with a stomach-pump and administered thirty grains of iodide of potassium twice a day for almost two weeks. It had no appreciable effect beyond the usual symptoms of iodism. His tribe objected to the artificial method of sustentation as very degrading, and resorted to their shaman or medicine man, surreptitiously soon after I had resigned the case, to the great mortification of the Greek priest, who had converted him. He died in the fifth week of his illness; and the influence of the priest aforesaid, could not obtain me permission to make an autopsy.

On a hunting-trip not long ago, I met one of these medicine men, and I found his shrewdness not the least discreditable to the body charlatan. He can only see slightly out of one eye, and he has been known to admit that his failing sight was the factor that inclined him to medical practice. He once hired a number of Indians to catch salmon for a cannery and paid none of them, although he had drawn all their money as contractor; but instead, he somehow persuaded them that they owed him for the fish, and made them cut several hundred cords of wood in payment of the debt. This speaks volumes for his personal magnetism to one

who knows an Aleut's shrewdness in financial matters. He explained to one of my companions the uses of his walrus-bladder gong, his fantastically-carved wand and rattle, and his hideous costumes, which are different, for different maladies; but he indicated that his serious aim was to pull out bodily the offending entity.

These Indians all use hot water, both for its local and its hæmostatic effects, and they resort to multiple punctures for injuries and for chronic inflammatory troubles. The average Indian will submit himself to a severe surgical operation with alacrity, set his teeth in a bit of soft wood, and give little evidence of the pain he must feel.

Their therapeutic agents are rather limited, so far as I have learned. They use the inner bark of the devil's club, a sort of thorny shrub, as an emetic and purgative, and assert that the mode of its action is determined by the direction of strokes of the stone with which they scrape it off. If they are made upward, it produces emesis, and *vice versa*. They claim an efficient abortifacient, but I have not yet seen the source of it.

Their diet is largely composed of oil from the seal, herring, or the oollean, a small fish in these waters. The latter is of reputed efficacy in phthisis; but a careful test of its usefulness has not been made. A reduction of this fat allowance is most probably the chief one of the causes of the great prevalence of this disease in Indians who adopt a civilized life.

In many of the mission training-schools where the life of the girls is the most radically changed, it is almost an exception for the menstrual function to be established without the immediate inception of pulmonary phthisis; although another point to be considered is that orphans and girls either actually diseased, or strongly predisposed by hereditary influence to constitutional disease, furnish a large number of these pupils.

There are some hot springs on this island about sixteen miles to the southward of this place, of several streams of different constituents and temperatures. On account of the great depth of the snow at the time of my visit, I postponed a full investigation of them all to a more convenient season; but I found the

sulphur springs, which issue from the earth at 180° F., to be a very powerful diaphoretic as a bath. There was an Indian girl there, who presented quite the usual amount of syphilitic disease, such as induration and œdema of the labia, ulcerated inguinal glands, and scores of condylomata; and these the most assiduous use of the baths had not improved in two months. But her general appearance would have almost negatived an *a priori* assumption of the presence of such extensive disease, so plump and well-nourished did she appear. I had later the means of learning that her food had been neither abundant nor much varied, and that her hygienic surroundings were the worst possible. The Russian Company had a large hospital there in the time of its prosperity, and great benefit is said to have been secured by it in rheumatism and in syphilis. It was burned by the Indians in an insurrection some years ago.

I shall close with a strange true story of British Columbia, which should have Mr. Cable's sanction, as a place in *Harper's Drawer*, to secure proper attention at the hands of the intelligent minority.

A certain chief in one of these tribes in Her Britannic Majesty's possession, having offended in some particular against the law, was taken to Victoria and adjudged worthy of penal servitude. His successor was duly installed, and the return of the eminent convict at the expiration of his sentence found him in the enjoyment of a large revenue derived from the salmon-run in the official tribal fief.

The reigning chief was touched at the alteration in his predecessor's material prosperity, and he began to cast about for some way, in which to evince the sympathy he felt for him. The difficulty in the case was that dead to his legal rights beyond question or cavil this deposed chief appeared, and between attainder and physical death the savage mind could not distinguish. Thus it fell out that he did the most appropriate thing under the circumstances, as they appeared to him, in unveiling a handsome monument to the legally-dead man, who partook of his own funeral-baked meats, and saw his relatives consoled for his loss with many presents, as is their custom when death results from ordinary causes.

No one present is reported to have shrunk from a conclusion so logically adduced; and the former chief's enjoyment of his own obsequies is said to have been keen, though by some inconvenient conventionalities his participation was somewhat abridged and subdued.

To omit to record my impressions of this climate would be too much out of the fashion not to be remarked. So far as I have observed it, it appears to be merely a succession of all the forms that weather can assume, and it presents neither regularity nor any reliable prodromata by which the changes may be anticipated. The coldest weather of the winter showed a temperature about 5° F. But it must be remembered that Sitka is a somewhat sheltered place, and that these shores receive the full impact of the Japan current, the water of which is not much colder at any time than 40° F. I think it insalubrious, as greatly predisposing both to phthisis and acute articular rheumatism; but its champions are not wanting, who warrant it to prevent the latter complaint.

SITKA, ALASKA, March 18, 1890.

TRAUMATIC CATARACT.*

BY A. G. SINCLAIR, MEMPHIS, TENN.

Professor of Diseases of the Eye, Ear and Throat, in the Memphis Hospital, Medical College; Ophthalmic and Aural Surgeon to St. Joseph's Hospital.

Cataract of traumatic origin is produced as a rule, by a wound of the capsule of the crystalline lens, which allows the aqueous humor to find access to the lens substance, when the latter by absorption of the aqueous becomes softened, swollen and opaque. Not every rupture of the capsule, however, is followed by cataract. Cases are on record in which the wound, being very small, has healed leaving in some cases only a very slight opacity, while in others no discoverable trace of the injury has remained. Such cases are, however, very exceptional. It is maintained that traumatic cataract may occur without solution

*Read before the Tri-State Medical Society of Mississippi, Tennessee, and Arkansas 1889.

of continuity of the capsule, concussion alone sufficing to cause such derangement of the nutrition of the lens that it is soon rendered practically impervious to light. That prince of clinicians, the lamented Von Graefe, believed however, that many cases supposed to be this of character were really due to a minute laceration of the capsule at or near its periphery, the line of union of its strong and delicate posterior portions. However this may be, certain it is that this form of cataract may be produced by a blow upon the eye ball, without rupture of its sclero-corneal coat, or even discernable injury at the point of contact.

When a case of this kind presents itself, careful consideration should be given to the nature of the agent by which the lesion was produced in order, if possible, to determine whether or not a foreign substance remains in the lens or elsewhere within the eye-ball, a matter of much importance in regard to both prognosis and treatment. In the treatment the first step to be accomplished, if possible, is the full dilatation of the pupil, in order by retraction of the iris to prevent it from coming in contact with the swelling lens, as the latter is very irritating to that membrane and liable to excite destructive inflammation in both it and the ciliary body. Should this be accomplished and the swelling of the lens progress but slowly, and especially if the patient be under thirty years of age, the entire lens will probably undergo absorption without causing further trouble. Of course, until the lens mass has become considerably reduced in volume and the danger of exciting inflammatory action in the surrounding structures thus measurably overcome, a bandage should be worn, the patient restricted to his room, and such other measures adopted as will tend to prevent undue vascular activity. In cases in which the rent in the capsule is extensive and the lens substance, by reason of more speedy imbibition of aqueous humor, swells rapidly, causing much suffering and threatening to excite destructive inflammation, it should be promptly removed by extraction. This operation can usually be easily performed. If the swollen lens matter is known to contain a foreign body, its extraction should be the operator's first consideration, for if allowed to remain it will sooner or later cause the loss of the organ.

CASE.

From numerous cases recorded in my note books, I select the following as an illustration of what may sometimes be accomplished for the restoration of sight, even where the injury is so extensive as to render the outlook apparently unpromising in the extreme.

D. W. S., aged 45, carpenter, was brought to me by his family physician, with the following history: Four days previously he had received accidentally a blow on his right eye from a piece of metal about the size of a white bean. Not much pain had been caused by the injury, but vision was extinguished almost immediately. On examination I found an irregular wound extending across the cornea and about half a line into the sclerotic, nearly vertical in direction, and a little to one side of the corneal centre. The anterior chamber was much diminished in depth, the iris, except at its periphery, lying far in advance of its normal plane—thrust forward by the greatly swollen lens substance behind it. The pupil was moderately enlarged, and its normal blackness replaced by the bluish white appearance, characteristic of lens matter undergoing the changes peculiar to traumatic cataract. The capsule of the crystalline lens had been extensively torn, and the entire lens was softened, swollen and opaque. The corneal wound had closed and the tension of the globe was somewhat above the normal degree. There was some blood in the anterior chamber. Vision was equal only to feeble perception of light.

I ordered the instillation of a strong solution of atropia in the hope of retracting the iris and thus making room for the swelling lens; the eye to be bandaged, the patient to remain in bed and opiates to be taken should pain occur, from which at the time the patient was free. The patient passed one day in comfort, on the second there was some uneasiness in the eye and on the third decided pain, with considerable augmentation in volume of the lens, showing that the process of absorption had not kept pace with that of increase. I determined at once to operate for the removal of the swelling lens matter in order to relieve the iris and ciliary body from its irritating presence, and

the optic papilla from what would speedily become a destructive degree of intra-ocular pressure. The patient was placed under the influence of chloroform, and with the ordinary triangular keratome, I made a linear incision in the cornea near its margin. The pressure on the globe necessary to accomplish this caused the original wound partly to re-open, and through this a portion of the softened lens matter escaped. The remainder I carefully and thoroughly removed through the incision. The eye was bandaged and the patient required to remain in bed. The process of recovery was rapid and uninterrupted. On subsequently testing his vision I found him able to read readily at the usual distance Jaeger No. 6. That is to say, print the size of ordinary book type, an eminently gratifying result in an eye which its owner as well as his physician, a very competent practitioner, had fully believed to have been utterly destroyed, and came expecting me to advise and to execute its extirpation.

SOME REFLECTIONS ON PNEUMONIA.

BY W. F. DRUMMOND, M. D., OF MAGNOLIA, MARENGO COUNTY, ALA.

Clinical experience teaches that all diseases, although they present certain diagnostic features which stamp their individuality, and thereby render them easily to be classified, present different types, evidently based on the different somatic state or make-up of the patient, which difference in type demands a corresponding modification in treatment. The different cachexias of the human system so modify the disease as to render that trite expression, "What is one man's food is another's poison," a truism, which is constantly showing itself at the bedside.

I know of no disease that is more protean than pneumonia—none that demands a closer examination in every respect, especially in the somatic state, the cachexia and type of the disease as it exists in the patient. The ablest physicians of past time, the best clinicians, have testified to the periodic changes in diseases, from a highly inflammatory to a low adynamic type. Sydenham, Graves, and others indorsed it as the result of their clinical ex-

perience, and Mitchell said that the diseases had so changed in Philadelphia that the 5 to 10-drop doses of Fowler's Solution had to be doubled to effect its purpose. There is, therefore, rationally no such thing as a stereotyped treatment of any disease, particularly for pneumonia; each case has its own clinical history, pathological character, diagnosis, prognosis and treatment; each case is a law unto itself, without a proper consideration of which it would be impossible to treat it successfully.

In my experience I have encountered the acute, the typhoid or adynamic, the fibroid and strumous grades, sometimes running as it were side by side, each distinct in itself, and demanding its own appropriate treatment. Perhaps I would not err greatly if I should estimate the fibrous grade at one-third of my cases; indeed, such would be a natural inference based on the changeable features of our climate, from heat to cold, from dry to wet; besides, fully one-third of the cases, if not more, are among the negroes, who by their hardships and exposure render the most of them rheumatic. In acute cases, in previously healthy and robust subjects, I have always used the lancet freely with the best results, often followed by wet cups, succeeded by a blister, conjoined with calomel, opium and ipecac, or tartar emetic and veratria, have been my sheet-anchor in such cases. With such treatment I have been generally successful. The withholding of the lancet in such cases was once very painfully impressed on my mind, and, indeed, taught me a lesson that I have ever since remembered with profit. I was called to see a young, vigorous negro man with acute pneumonia; pulse full and hard; breathing labored, one-half piston stroke; cough frequent and painful; expectoration scanty and bloody: ordered a poultice to the chest, and gave calomel, opium and tartar emetic; when seen the next day he was beyond all help and soon died. I have often thought that a free bleeding might have saved him.

The typhoid or asthenic cases have been mostly based on malaria, and I have treated such cases best with blisters, stimulants, tonics and stimulating expectorants. The following case will illustrate the maximum of this type: Marshall E., white, about 18 years

of age, had suffered from malaria, a farm hand on his father's place, was taken with pneumonia; visited him the third day of his attack, pulse frequent and weak, breathing hurried and embarrassed, cough frequent with some pain, expectoration free and bloody, right lung engorged from base to top; ordered hot turpentine stupes to chest; gave ammonia, turpentine and opium for cough; quinine as a toner to nervous system; veratria to restrain the action of the heart. The next day I found that he had spent a restless night; low rambling delirium; tongue dry and red, with sordes on the teeth; it had taken two attendants with constant watching to keep him in the bed: ordered Graves' opium, tartar emetic and camphor mixture; a dose every hour until asleep; after a few doses he became quiet and fell asleep, from which he awoke in his right mind, and convalesced rapidly.

The fibrous cases are of various grades of intensity: some may require wet cups or dry cups and blisters, others stimulating stupes; some sedative anti-arthritis, others stimulating anti-arthritis remedies; some of these cases are obscure and require closer examination to diagnose them, as the following case will show: Charles S., a stout mulatto man, about 40 years of age, had, in slavery times, been his master's wagon-driver, and thereby been exposed to all the changes of the weather; had been sick with pneumonia for several days when I was called to see him; moderate fever, difficult respiration, cutting pains in left side, cough convulsive and unproductive, occasionally lifting a portion of bloody tenacious sputa. From the character of the cough and sputa I at once suspected rheumatism. I questioned him closely at different times in regard to it, but could obtain no data to establish it; the disease not yielding to the remedies, I called in a consultant—plan of treatment indorsed, and pushed as far as was prudent; no change: questioned him again and elicited the fact of his having once had a crick in the neck, which annoyed him much at the time, but he did not know that it was rheumatism; added colchicum and phosphate of ammonia to his cough syrup, and in a few days he was convalescing finely. The succeeding winter he was taken

again in the same way, and a prescription of the anti-arthritic cough syrup relieved him at once.

The strumous cases, the few I have had, required persistent counter-irritation, sometimes setons, tonics, stimulants, the iodides, cod liver oil and generous diet. They show a strong tendency to the formation of abscesses; expectoration copious, purulent and slightly bloody; are apt to run into consumption. In conclusion I will relate a case, the only one I ever saw, with a sequel identical with delirium tremens: P. B., white, stout and healthy, about 30 years of age, habits regular, a plantation overseer, married with two children. It was about the close of the war; had taken pneumonia of an active grade, had progressed well and was convalescing. I announced my last visit, but was persuaded by the wife to come again. The next afternoon I received the following report: B. had been visited by a neighbor soon after I left the day before, who told him that the Yankees had taken Selma, had raided its neighborhood, and would soon be there with fire, sword and negroes. B. was afterwards very nervous; had slept none during the night; had acted strangely. I found him in bed with his head covered, peeping out at times and quickly covering his head again. He imagined that the place was full of Northern soldiers and negroes; could see them amongst the rafters trying to shoot him, he begged for his life and asked me to protect him. I administered morphine in large doses and pushed it for all it was worth, but with no effect. It was late in the night, and, being weary, I threw myself on a cot and was instantly asleep, and as quickly awake again to find B. out of his bed, with his gun in his hands, dodging and trying to point the barrel to the rafters. I seized him and put him to bed again, and then gave the Graves' opium, tartar emetic and camphor mixture, a dose every hour; after taking a few doses he fell into a deep sleep, which continued for hours, from which he awoke a rational and convalescing man. Solly in his treatise on the brain indorsed that treatment in one of the forms of delirium tremens, and it certainly had a happy effect in this case of B.

Selections.

PUNCTURE OF THE INTESTINE FOR OCCLUSION.—At the last meeting of the French College of Surgeons, Prof. Demons, of Bordeaux, advocated the practice of making punctures into the intestine in the treatment of chronic occlusion of the bowel, and deprecated the unmerited disuse—as he thinks it—into which this method has fallen. Among the advantages which he claims for it is the fact that after relieving the bowel of the gas which has inflated it, it is often possible—on account of the flaccid condition of the belly-wall—to determine the cause of the occlusion and to institute intelligently some other procedure to overcome or remove it. Prof. Demons speaks of the operation of puncture as being only a palliative measure, and yet he reports six cases in which it was followed by permanent relief of the condition of obstruction. One of the most striking features of his communication was the statement that he has never seen any ill-effect to follow the making of punctures in the bowel; while in the most unsatisfactory cases it gave at least temporary relief to the patient.

These opinions of Prof. Demons were published in the French medical journals as long ago as last October; but they do not seem to have attracted the attention which they deserve. He speaks of a sort of revival of the method in England; but this is somewhat of euphemism; for in England, as in this country, most surgeons regard such a procedure as in the highest degree dangerous. There and here, we believe, there is hardly a surgeon who would consider it justifiable to puncture the intestines except in extreme cases, and in the face of impending death from suffocation caused by pressure of inflated intestines upon the diaphragm.

Nevertheless, it may be that there is something to be said in

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favor of aspirating the intestines, and that this is not so dangerous as most surgeons think. There are times when the relief furnished by such a procedure may be of the greatest advantage. Not long ago, in Philadelphia, a woman, dying in consequence of a fracture in the cervical portion of the spinal column, who was being suffocated in consequence of the accumulation of gas in the intestines, was relieved by means of puncturing the intestine with a fine aspirating needle sufficiently and for a long enough time to make a will. In another case a patient dying of peritonitis was relieved so much as to encourage the belief that the operation had proved of great service in lessening the discomforts of his inevitable death.

In cases of this sort we believe that puncturing the intestines is a measure which ought to be resorted to, and can believe that in some cases it may prove of more than temporary utility. Certainly the very strong and positive statements of Prof. Demons suggest that there may be too much dread in the minds of surgeons in regard to this procedure, and that it may have a field of usefulness which warrants a more general consideration than it has heretofore enjoyed.—*Philadelphia Medical and Surgical Reporter*.

MEMBRANOUS DYSMENORRHOEA.—This disease, which almost every practitioner may be called upon to treat, is not always readily diagnosed unless it be by the microscope, nor does a complete cure result with any degree of frequency. Dr. J. N. Martin, of Ann Arbor, Mich., gives a few notes (*Med. News*) on the treatment of this disease, which will doubtless be of considerable service, as he has usually had satisfactory results with his plan. He briefly explains the chief phenomena of this disease as follows: The cervical canal is large enough to allow fluid menstrual secretions to pass without causing pain, but the passage of membranous formations is accompanied by much expulsive effort and consequent pain. Where the disease is of long standing the uterus is also implicated, and there is inflammatory as well as membranous dysmenorrhœa. The nervous system is markedly

affected by the extreme suffering which is present, so much so in some cases that the patients become nervous or mental wrecks.

He regards the indications for treatment as being fully met by the following plan: Hot water douches should be given once or twice daily between the periods, and applications should be made to the interior of the uterus, two or three times a week, of equal parts of Churchill's tincture of iodine and carbolic acid in 5 per cent. solution. Tampons may be used, saturated with glycerine, hydrastis or boro-glyceride, in 10 to 20 per cent. solution. The constitutional condition should be attended to, and general or nerve tonics may be found necessary. Bromides and opiates should be withheld so far as possible.

For two or three months the cervical canal should be divulsed five or seven days before the period; membranes may thus be more easily expelled. Inflammatory disturbances may sometimes be aggravated for a time, but a majority of cases are benefited. The uterus is to be curetted with a dull curette midway between the periods, followed by applications of bichloride to the interior of the uterus in the strength of 1 to 300 or 400; this may be repeated for from two to five months. Of seven patients treated by this method, but one failed to receive benefit; two were entirely cured and the others much improved.—*Weekly Medical Review*.

ARISTOL.—At the meeting of the Société de Thérapeutique of Paris, held March 12, 1890, and reported in the *Progrès Médical*, March 22, 1890, Dr. Boymond read a paper on the subject of aristol. As a remedy in skin diseases aristol is claimed to be an efficient substitute for iodoform and iodol. It is innocuous and odorless. The substance is obtained in the form of a brownish red precipitate, by treating a solution of iodine in iodide of potassium with thymol dissolved in caustic soda. Aristol is properly a biniodide of dithymol. It is insoluble in water, slightly soluble in alcohol, and easily so in ether. It may be applied in mixture with fatty oils, or as a powder to wounds and burns. It is not absorbed into the system, and no toxic action has ever been observed to follow its use. It is as efficacious as

chrysarobin in the treatment of psoriasis; but it does not stain the skin nor produce conjunctivitis.

The following formula for aristol salve is recommended by Eichhoff:

R Aristol.....3-10 parts;
Vaseline..... 30 parts. M.

It is well, after application of the ointment, to cover the affected parts with protective or rubber. The drug may be applied two or three times daily.

TENTH INTERNATIONAL MEDICAL CONGRESS.—The Committee of Organization of the Tenth International Medical Congress, R. Virchow, President; E. von Bergmann, E. Leydon, W. Waldeyer, Vice Presidents; O. Lassar, Secretary-General, have appointed the undersigned members of an American Committee for the purpose of enlisting the sympathy and co-operation of the American profession.

We are assured that the medical men of our country will receive a hearty welcome in Berlin. The Congress promises to prove of inestimable value in its educational results, and in securing the ties of international professional brotherhood. It is most important that the American profession should participate both in its labors and its fruits.

Delegates of American medical societies and institutions and individual members of the profession will be admitted on equal terms. The undersigned, therefore, beg to express their hope that a large number of the distinguished men of our country will appreciate both the honor conferred by this cordial invitation and the opportunity afforded us to fitly represent American medicine.

The Congress will be held at Berlin, from the 4th to the 9th of August.

The arrangements in regard to a few general meetings and the main scientific work, which is delegated to the sections, are the same as in former sessions. A medico-scientific exhibition, the programme of which has been published a few weeks ago, is to form an ingredient part. It is to the latter that the Berlin Com-

mittee is very anxious that both the scientific and the secular press should be requested to give the greatest possible publicity.

The office of the Secretary-General is Karlstrasse 19, N. W., Berlin, Germany.

S. C. Busey, Washington, D. C.	Wm. T. Lusk, New York.
Wm. H. Draper, New York.	Wm. Osler, Boston, Mass.
R. H. Fitz, Boston, Mass.	Wm. Pepper, Philadelphia, Pa.
H. Hun, Albany, N. Y.	J. P. Porcher, Charleston, S. C.
A. Jacobi, New York.	J. Stewart, Montreal, Can.

INVITATION TO THE THE INTERNATIONAL MEDICO-SCIENTIFIC
EXHIBITION, BERLIN, AUGUST, 1890.

In connection with the Tenth International Medical Congress, to be held in Berlin, August 4th-9th, 1890, there will be an International Medico-Scientific Exhibition.

The undersigned Committee of Organization has been authorized, by the representatives of the medical faculties and leading medical societies of the German Empire to make the preliminary arrangements. We therefore cordially invite all who may wish to exhibit or participate in the above Exhibition. All exhibits, however, to be of a scientific nature.

The exhibits expected will be as follows :

1. New or improved Scientific Instruments for Biological and Special Medical Purposes, including apparatus for Photography and Spectral Analysis pertaining to medicine.
2. New Pharmacological Chemical Substances and Preparations.
3. New Pharmaceutical Substances and Preparations.
4. New Food Preparations.
5. New or improved Instruments for internal and external medicine and allied specialties, including Electrotherapy.
6. Plans and Models (new) of Hospitals, Houses for convalescents, disinfection, and general Bath-houses.
7. New appliances, such as pertain to nursing the sick, including the methods of transportation, and baths for the sick.
8. Apparatus (new) for Hygienic Purposes.

The special committee on "Exhibition" consists of the follow-

ing gentlemen: Commerzienrath, Paul Dorffel, H. Haensch, Director, Dr. J. F. Holtz, Director, Dr. L. Loeweherz, Regierungsrath, Dr. J. Petri, H. Windler, and the Secretary-General of the Committee of Organization. The names of the associate members of the Exhibition Committee, as well as the names of the heads of departments, will be made known shortly, also the conditions for exhibitors.

For applications for exhibits, and information, please address Dr. O. Lassar, Secretary-General, Bureau of the Tenth International Medical Congress, Berlin, N. W. Carlstrasse No. 19.

Please designate all mail matter relating to the exhibition "Exhibition Affairs," and also enclose a visiting card, or card of the firm, on which the name and residence is plainly written or printed.

The Bureau is open for the present from 5 to 7 o'clock P. M.

The Committee of Organization of the Tenth International Medical Congress—Dr. Rudolf Virchow, President; Dr. E. von Bergmann, Dr. E. Leyden, Dr. W. Waldeyer, Vice Presidents; Dr. O. Lassar, Secretary-General.

CONTAGIOUSNESS OF PNEUMONIA.—From a long article by Netter on "The Contagiousness of Pneumonia," these conclusions are drawn:

1. Pneumonia is a contagious disease of parasitic origin, and is transmissible either directly or by the intervention of a third person, or by inanimate objects, such as wearing apparel, etc.

2. The pneumococci are not destroyed by desiccation, and are diffusible through the air, but not to great distances, at most the intervals between three hospital beds. They maintain their virulence for a period which has not been definitely determined, but probably never more than three years.

3. Contagion is possible through the entire course of the disease, and even after recovery.

4. The period of incubation averages from five to seven days, but may vary between one and twenty.

5. Patients who have passed through pneumonia are dangerous both to themselves and their neighbors, as living micrococci may

be found in their saliva many years after. Thence, in part, the epidemic appearances of the disease in certain families during long periods, and also its frequent recurrence in certain individuals who have once survived it.

6. Rigid quarantine seems hardly necessary, but other persons should avoid intimate relations with them. The sick room should be ventilated and disinfected as thoroughly as possible and every precaution taken to prevent the spread of the disease as in other contagions.—*Times and Register*.

THE TREATMENT OF GOITRE BY INJECTION OF IODOFORM.—Prof. Mosetig, of Vienna, has treated the soft varieties of goitre during the past ten years by injection of iodoform. His results have been excellent, and the patients have not been compelled to abstain from their usual avocations during the entire period of treatment. Under antiseptic precautions the following solution is injected with a Pravaz syringe :

R	Iodoform.....	1.0
	Ætheris.....	5.0
	Ol. olivæ.....	9.0

or

R	Iodoform.....	1.0
	Ætheris }	aa 7.0
	Ol. olivæ }	

This solution should be protected from the light and only used so long as it is of a light yellowish color.

The canula is inserted to a depth of two to three centimeters, and then the fluid is slowly injected. To determine whether the needle has actually penetrated the tissue of the goitre, the patient is told to swallow, when, if the needle is imbedded in the gland, it will follow the movements of the goitre. The smallest quantity injected is 1 gramme, and the author has injected as much as 4 grammes in two places at one sitting. The procedure is repeated at intervals of three to eight days. According to the size of the tumor five to ten injections are required to effect a cure. The reaction following the operation was always slight, and consisted of attacks of pain and coughing, which, however, ceased within an hour.—*Surg. Prog.*

THE BEST AGE FOR THE OPERATION FOR HARE-LIP.—M. Forgue, discussing this subject in the *Gazette Hebdomadaire de Médecine et de Chirurgie*, believes that the question should be settled by statistics. Reports by different authorities are, however, conflicting. Results are modified by numerous causes, and the operation should not be held responsible for the defective conditions usually existing in the ill-formed. Death occurring several weeks after the operation is usually to be attributed to these unfavorable natural conditions. No rule can be laid down for all classes; the decision must depend largely upon the character of the case. A small fissure in a strong child may be closed at once. In certain ill-nourished children the operation should be postponed till the second three months, while very complicated cases should not be attempted under the age of two years. It is unwise in any case to wait until the fourth or fifth year, for the parts have then become so fixed that a satisfactory result can rarely be obtained.—*N. Y. Med. Jour.*

HYPERHYDROSIS PEDUM (FETID FEET).—Dr. Panienski *Noainy lek*, 1889, No. 8), in fifty cases of excessive sweating of the feet which had resisted other treatment, has used a 5 per cent. solution of chromic acid painted on the soles, with gratifying results. Of the fifty cases thirty-six were entirely cured; the remaining ones were much benefited. The treatment consists in painting the affected soles with the solution once, or, in rebellious cases, three or four times in five to eight days, and in case the trouble returns after a few weeks the treatment is repeated once or twice. The author has not observed any accident resulting from this treatment.—*Deutsche Med. Wochenschrift*, 1889.—*Satellite*.

DIURETIN, A NEW DIURETIC.—The *Apotheker Zeitung* states that a new remedy which has been placed upon the German market under the trade name of *diuretin* is, in fact, theobromine sodium salicylate, containing 50 per cent. of theobromine. It comes in the shape of a white powder, which is soluble in half its weight of warm water, and does not precipitate out on cool-

ing (theobromine being soluble in 1,600 parts of water). It must, therefore, be preserved in well-stoppered vials. The action of the drug is directly upon the kidneys, and the effect is powerfully diuretic. It has been found useful in kidney and heart trouble, in which digitalis and strophanthus have failed to be of service.—*Pacific Record*.

TO REMOVE SUPERFLUOUS HAIR, according to the *British and Colonial Druggist*, a good depilatory is made by mixing together in fine powder, 50 parts of barium sulphhydrate, 25 parts of starch, 25 parts of oxide of zinc, and making into a paste with sufficient water. This is spread on the surface which is to be freed from hair, about an eighth of an inch thick, and allowed to dry. When this is effected (it generally takes about ten minutes), the mass is removed, leaving a perfectly hairless surface. Irritation does not occur, but the mixture should not be applied to the same place on two consecutive days.—*College and Clinical Record*.

PREScription FOR ECZEMA.—According to the *Centralblatt für die Gesamte Therapie*, Saafeld uses the following ointment in cases of pustular eczema:

R Potassium carbonate.....	15 grains.
Salol.....	75 grains.
Olive oil.....	150 minims.
Sulphur.....	1½ drachms.
Zinc oxide.....	8½ drachms.
Starch.....	8½ drachms.
Lanolin sufficient to make	6 ounces. M.

—*Med. News*.

SULPHUR, always heretofore considered an elemental substance, is now declared to be a compound of carbon with other elements. Dr. Theodore Gross, of Berlin, read a paper before the Vienna Academy of Sciences, detailing experiments which seemed to prove that sulphur, especially precipitated sulphur and that in what is known as the allotropic form, is readily decomposed and leaves a residue of carbon.—*Phila. Med. and Surg. Reporter*.

Verily, what a remarkable element is carbon—charcoal, the Diamond, and now sulphur.—[ED].

MENTHOL IN THE VOMITING OF PREGNANCY.—In the *Therapeutische Monatshefte* for January, Dr. Weiss suggests the administration of menthol for controlling the vomiting of pregnancy. He orders every hour a teaspoonful of the following mixture:

R	Menthol.....	gr. vx.
	Alcohol.....	℥v.
	Syrupi.....	℥i. M.

ERGOTINE IN ERYSIPELAS.—Dr. Geo. C. Kingsbury has found a 50 per cent. solution of ergotine in distilled water, applied frequently, with a camel's hair brush, to and around the affected area "a painless, rapid, and almost certain cure;" in not fewer than thirty cases it practically effected a cure in one day. —*British Medical Journal*, March 15, 1890.

URTICARIA occurring at night may be successfully aborted (says Dr. Ohmann-Dumesnil in *Med. Chips*, January, 1889) by the administration, at the time of the onset, of a pill containing one-sixtieth of a grain of atropine. Of course, the patient's general condition should receive subsequent care.

WHO CAN LEARN IT ALL?—The celebrated Jonathan Hutchinson recently exhibited a case of skin disease before a medical society, with the statement that he was unable to make the diagnosis.—*Canada Med. Record*.

ANTISEPTIC VALUE OF ACETIC ACID.—Dr. R. Schæffer, gives in the *Berlin Klin Wochensch*, the result of his investigations of acetic acid with reference to its action on the anthrax bacillus and the staphylococcus aureus. On the ground of the investigation he differs with Battlehover, who recommends vinegar as a safe antiseptic in uterine injections. He says that it becomes rapidly mouldy, and that is against all rules of cleanliness to inject a fluid, containing numerous fungi, into the uterus.

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

Reviews and Book Notices

A TREATISE ON ORTHOPEDIC SURGERY, by EDWARD H. BRADFORD, M. D., Surgeon to the Children's Hospital, Boston City Hospital, and Samaritan Hospital; Instructor in Clinical Surgery, Harvard Medical School; and RICHARD W. LOVETT, M. D., Surgeon to the Samaritan Hospital; Ass't Out-patient Surgeon to the Children's Hospital; Out-patient Surgeon to the Carney Hospital; formerly Ass't Surgeon to the N. Y. Orthopedic Dispensary and Hospital. 8 vo., Cloth, pp. 783, illustrated with 789 Wood Engravings. Wm. Wood & Co., 56 and 58 LaFayette Place, New York, 1890.

In my personal experience, Orthopedic Surgery in recent years has become one of the most profitable départements of surgery, paying a handsome return to any one who will devote to it a unity of purpose, perseverance, energy and a careful attention to its necessary details. By its means many a poor sufferer has been snatched from the very brink of the grave, with its edge crumbling beneath his halting, but progressive tread; while others have been relieved of untold tortures from the demon pain; and yet others instead of being a burden upon friends, the life-time inmate of an alms-house or other charitable institution, have been restored to a vital activity that almost appeared miraculous, and have become "hustlers" in this go-ahead, work-a-day age; to say nothing of those who "deformed," have been "sent into this breathing world scarce half made up," or by accident or other cause have become so, and have been relieved of their oppressive burdens, restored to the "human shape, divine" and "become a thing of beauty and a joy forever."

The series "Specialties in Practice of Medicine issued by Messrs. Wood & Co., cannot but become eminent to-day, and hereafter, and be regarded as most valuable acquisitions to medical literature, by the publication of so grand and excellent a

work as the one due to the joint labors of Drs. Bradford and Lovett.

Other volumes devoted exclusively to Orthopedics have appeared, and the subject is duly considered by many authors on General Surgery, but I have heretofore seen nothing in this line that I regard as more valuable than this outcome of 1890. It is well written, carefully considered, plain, practical and instructive, and is fully up with the most recent developments of this progressive age.

I do not think I can do better than to quote in full the following modest preface as showing briefly the scope of the work :

"The writers of previous works on Orthopedic Surgery have confined themselves to the consideration of the treatment of existing deformities, such as club-foot, lateral curvature, and bow legs. The only conspicuous exception to this is found in the excellent book of Dr. Sayre. But the term Orthopedic Surgery, if it is properly defined, should include the prevention as well as the cure of deformity. For this reason the diseases of the joints have been considered by us at considerable length, inasmuch as they are among the most common sources of deformity and disability.

We have endeavored throughout to include such subjects as are likely to come to the attention of those who interest themselves in the practice of this branch of surgery. In this way, besides the consideration of joint disease and Pott's disease, we have added a brief description of some disabling and deforming nervous affections, which we have only attempted to discuss in their practical surgical aspect. The deformities resulting from fractures, dislocations, and burns are so fully treated in works on general surgery that they have not been considered here."

HOW TO EXAMINE FOR LIFE INSURANCE. BY JOHN M. KEATING, M. D., President of the Association of Life Insurance Medical Directors, etc. 8 vo. cloth, pp. 210. P. Blackiston, Son & Co., Publishers, 1012 Walnut street, Philadelphia, 1890.

In this day and age, when the important field of life insurance is attracting in so great an extent the financial interests of the

country, frequent calls are made upon physicians in all parts of the land to make the necessary medical examinations. While many are familiar with the necessary details, and are well qualified in the special field of physical diagnosis, it may be considered superfluous to devote a special book to them, yet a cursory examination of Dr. Keating's valuable work will prove that there are many suggestions that will not only lessen the labor, make its results more accurate, and prove of great importance, which may be given by a man of his extended and varied experience in this particular field.

Dr. Keating has done his work well, and given us a valuable manual that is both plain and practical. The illustrations are excellent, the printing and binding of the best, and the instructions to medical examiners as issued by more than twenty of the leading life insurance companies, among which may be noted the Connecticut Mutual of Hartford, the New York Life, the Equitable, and others of like standard character, we regard as peculiarly valuable.

ELECTRICITY IN THE DISEASES OF WOMEN, with special reference to the application of strong currents. BY G. BETTON MASSEY, M. D., Physician to the Gynæcological Department of Howard Hospital; late Electro-Therapeutist to the Philadelphia Orthopædic Hospital and Infirmary for Nervous Diseases; Member of the American Neurological Association, of the Philadelphia Neurological Society, of the Franklin Institute, etc. Second edition. Revised and enlarged; with new and original wood engravings. 12 mo. cloth. Over 200 pages. Price, in the United States and Canada, \$1.50 net, post-paid; Great Britain, 6s. 6d.; France, 9fr. 35. F. A. Davis, 1231 Filbert street, Philadelphia, Publisher, 1890.

Just one year ago we had occasion to speak in the highest terms of this excellent little work. That our views were correct is demonstrated by the appearance of a *second edition* in so short a time. The opportunity has been taken in preparing the second edition for a thorough revision of the text, and the addition of the latest additions of new electro-therapeutic contributions to gynæcology; and so considerable has been the progress of defi-

nite knowledge in the art that it was deemed necessary to re-write at least four entire chapters, and add new ones, on subinvolution and chronic inflammatory diseases of the appendages.

For the convenience of students, graphic representations of the law of Ohm, and of the laws of current diffusion have been added to the appendix.

MAY'S DISEASES OF WOMEN, being a concise and systematic exposition of the Theory and Practice of Gynecology, for the use of students and practitioners. 2nd Edition, revised by Leonard S. Rau, M. D., Attending Gynecologist to Harlem Hospital, Out-door Department, New York; Attendant to the Out-door Department Bellevue Hospital, etc. 12 mo., Cloth, pp. 371, with 31 Wood Cuts. Lea Bros., & Co., Publishers, Philadelphia, 1890.

The author in his preface to the 1st edition in 1885, says that he "has aimed to give, in as concise a manner as possible," an exposition of the accepted views of gynecology." Condensing, classifying and arranging, so as to make a short and systematic treatise. Intending it "as an aid to the student who, after having carefully perused larger works, desires to review the subject." Further stating that "it may also be useful to the practitioner who wishes to refresh his memory rapidly, but has not the time to consult larger works."

Five years later, the editor in his preface to the second edition, claims to have maintained the condensing process, and "hopes that it will continue to occupy the position of aid to the student and practitioner."

I regret to say that I regard the work as unnecessary—and am afraid it will only serve to mislead the student, and cannot but believe that it will prove useless to any practitioner.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, consisting of original treatises and reproductions in English of books and monographs selected from the latest literature of foreign countries, with all illustrations. 8 vo. leatherette, pp. 250. Published monthly. Vol. VI., No. 2, May, 1890. Price \$10.00 per annum, single copies \$1.00. Wm. Wood & Co., 56 and 58 Lafayette Place, New York, 1890.

Vol. VI., No. 2, May, 1890, of this valuable series contains the following valuable monographs:

1. Insanity at the Pubescent, Climacteric and Puerperal Periods, by W. Bevan Lewis, L. R. C. P.
 2. Treatment of Diseases of Women by Massage, by Dr. Robt. Ziegenspeck, Munich.
 3. Treatment of Internal Derangements of the Knee-joint by Operation, by Herbert Wm. Allingham, F. R. C. S.
 4. Idiopathic Enlargements of the Heart, by Dr. Oscar Fraentzel, Berlin.
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Editorial.

AMERICAN MEDICAL ASSOCIATION.—FORTY-FIRST ANNUAL MEETING, HELD AT VENDOME THEATRE, NASHVILLE, TENN.

FIRST DAY'S SESSION, TUESDAY, MAY 20, 1890.

Promptly at 11 o'clock Dr. W. T. Briggs, Chairman of the General Committee, announced that the proceedings of the American Medical Association would be opened with prayer by Rev. Jere Wither-
spoon, D. D.

Dr. Nathan S. Davis, of Chicago, Ill., the founder and father of the American Medical Association, was the first man to register at the forty-first annual meeting of the association.

Dr. W. T. Briggs extended a welcome to the association in the name of the physicians. They were representatives of a noble profession, he said. They had come through noble impulses. They had come to maintain and elevate the dignity of their profession. He then referred to the meeting in Nashville thirty-three years ago and commented on the changes that had occurred; of the developments in the medical science in all its branches; of the growth of Nashville to a city of 100,000 people, and the development of her manufactures; how the tramp of marching armies had been heard, and passed away; of the work of restoration, the upbuilding of colleges and universities. He welcomed the association heartily and cordially. The citizens understood the importance of their deliberations and were prepared to extend every courtesy to the visitors. They wanted all to leave with an everlasting memory of the warm hand of Southern hospitality. [Applause].

Gov. Taylor being absent from the city, Col. Thos. D. Craighead made the address of welcome. He said he welcomed them to the representative State of the Old South. The energy displayed was born of necessity, and the upbuilding of the South was the result of Southern energy and brain, used with Southern capital, and no foreign capital was responsible for the progress of the South.

He was surprised that the association should come to Nashville a second time. It was the healthiest city in America. He had not the figures to prove this, but he had state pride enough to assert it anyhow. He welcomed them heartily in the names of all citizens of the State.

Mayor P. C. McCarver then welcomed the association in the name of the citizens of Nashville. Mr. McCarver's address was brief but full of humorous references that pleased the audience. He referred to the old country doctor who carried a drug store in his saddle bags, was the authority in his neighborhood on all points of dispute, and to the young doctor who looked more like a preacher than a doctor, as he received his diploma, but after the banquet looked more like a doctor than a preacher. Mr. McCarver believed he voiced the sentiments of all the citizens when he welcomed the association to the city.

An invitation was read from Gen. W. H. Jackson for all the members of the association to visit Belle Meade. [Applause].

President E. M. Moore was introduced and delivered his annual address. Dr. Moore said another year had brought the association to a renewal of its labors. The Americans cared nothing for health and wasted it. When gone they spent thousands to secure it. To pursue life in a reasonable manner was the act of a rare man. He then spoke of legislation concerning health matters and said he had studied all the laws ever passed by Congress on the subject—not a difficult matter. He gave a brief history of such national legislation and described the revolution in public opinion in the '60's when the cholera prevailed. As soon as the epidemic subsided, however, interest lapsed and nothing was done again for ten years.

He then went on to show how there was always great precautions in the time of pestilence, but none at all adequate unless known danger threatened. President Moore then made an able argument for the establishment of a National Board of Health, and State Boards of Health with full power to control matters of quarantine and sanitation generally. Every town and county should have a board. He attacked the "shotgun" policy of quarantine, and said it was inhuman and destructive of commercial interests.

President Moore then gave a history of the outbreak and prevalence of pleuro-pneumonia.

President Moore's address was an able history of public health legislation in this country. After dealing with epidemic disease he drifted on to food inspection, and closed by saying the time had now come for establishing a Department of Public Health with its minister a member of the cabinet.

• Dr. Brodie, of Michigan, moved a vote of thanks to the President for his address.

Dr. Grissom, of North Carolina, moved that the association formally express its endorsement of the plan of establishing a Department of Public Health. Unanimously adopted.

The names of the States were then called and large cards with the State printed thereon handed to representatives of each. This was done that the State delegations might get together and each elect a member of the Nominating Committee.

The meeting then informally broke up, to assemble at 10 o'clock next day.

SECOND DAY'S SESSION, WEDNESDAY, MAY 21, 1890.

The proceedings were opened with prayer by Rev. J. R. Winchester, who asked divine blessings on the association and upon the patients of the delegates.

There were a number of announcements made, including an invitation from Dr. Price, of the Nashville College for Young Ladies, for a part of the association to visit his school and witness the gymnastic exercises by the young ladies of the school.

The names of the States were then called for the announcement of members of the Nominating Committee. The committee was announced as follows: Alabama, W. H. Saunders; Arkansas, D. A. Linthicum; California, Winslow Anderson; Colorado, E. B. Carlin; Connecticut, W. C. Wile; Dakota, S. J. Coyne; District of Columbia, Robert Reyburn; Florida, J. P. Wall; Georgia, T. S. Hopkins; Illinois, J. H. Hollister; Indiana, J. G. Cook; Iowa, J. G. Crover; Kansas, J. E. Minney; Kentucky, William H. Wathen; Louisiana, T. L. Bland; Maine, A. Gosland; Maryland, A. A. Friesanais; Massachusetts, Dr. J. L. Williamson; Minnesota, J. H. Murphy; Michigan, H. O. Walker; Mississippi, D. W. Trimble; Missouri, W. P. King; New Jersey, W. Perry Watson; North Carolina, Eugene Grissom; New York, H. D. Didama; Nebraska, M. M. Knapp;

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℞ (Chalybeate Mass.) Carb. Protoxide of Iron, gr. 2½.
Ext. Nuc. Vom., gr. ¼.

DOSE—1 to 3 Pills.

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Pil. Antiseptic are prescribed in cases of Dyspepsia attended with acid stomach and enfeebled digestion, following excessive indulgence in eating or drinking. It is also indicated in Rheumatism.

PIL: ANTISEPTIC COMP.

(WARNER & CO.)

Each Pill contains

Sulphite Soda, 1 gr. Salicylic Acid, 1 gr. Ext. Nuc. Vomica, ¼ gr.
Powd. Capsicum, 1-10 gr. Conc't Pepsin, 1 gr.

DOSE—1 to 3 Pills.

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IRON AS A TONIC.

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Iron, (says *Le Progress Medicale*) is one of the most important principles of the organism, and the only metal the presence of which is indispensable to the maintenance of life. It exists in all parts of the system, but nowhere does it acquire such importance as in the blood. The blood of a person in good condition contains about 45 grs. of iron, when this amount is diminished a decline takes place—the appetite fails, the strength is enfeebled, and the blood loses its fine natural color and quality. In a great number of diseases, such as Anæmia, Chlorosis, Hemorrhages, Debility, etc., it sometimes happens that the blood has lost half its iron, and to cure these diseases, it is absolutely necessary to restore to the blood the iron which it lacks. The problem has been to find a preparation of iron in the proper form for penetrating the organism without unduly taking the digestive tract or interfering with the essential qualities of the gastric juice. A preparation containing iron in such a state is scientifically prepared by Wm. R. Warner & Co. under the name of Pil. Chalybeate. It is prepared in such a way that Carbonate of Potash and Sulphate of Iron are compounded so that they do not combine until they are taken into the stomach: there the reaction takes place, and the Proto-Carbonate of Iron (Ferrous Carbonate) is formed without any excess of air, thus forming a salt which is quickly assimilated and the therapy of the preparation is soon shown by its effects. It will be seen in taking these Pills that neither constipation nor other ill effects will result from their use. It has been proven in clinical practice that in cases of Chloro-anæmia the Pil. Chalybeate as prepared by Wm. R. Warner & Co., will regenerate the red globules of the blood with a rapidity not before observed under the use of any other ferruginous preparation, it adding to their physiological power and making them richer in coloring matter. Moreover, being neither styptic nor caustic (as just enough carbonate of potash and sulphate of iron are used to neutralize each other and form nothing but Carbonate of Iron and a small quantity of Sulphate of Potash) and having no coagulating nor astringent action on the gastro-intestinal mucous membrane, the Pil. Chalybeate of Wm. R. Warner & Co. can cause no deleterious effects to the patient, at the same time the therapeutic effects are rapid and energetic and do not give rise to the sensation of weight in the stomach or the gastric pain and indigestion occasioned by other preparations of iron. When a more tonic effect is desired the same combination as Pil. Chalybeate can be obtained with 1-8 of a grain of Ext. Nux Vomica added under the name of Pil. Chalybeate Comp. (Warner & Co.) thereby increasing the tonic effect and giving renewed strength to the patient.—*Medical Brief*.

Ohio, C. H. Hyatt; Pennsylvania, W. H. Daly; South Carolina, E. J. Mackin; Tennessee, J. B. Murfree; Texas, B. F. Eves; Utah, F. H. Bascom; Vermont, C. L. Allen; Virginia, J. E. Chancellor; Wisconsin, J. T. Reed; Washington, W. T. Willsey; United States Army, Dr. T. Baxter; United States Navy, Dr. Dean; United States Marine Hospital, J. B. Hamilton; New Mexico, E. L. Stephens.

It was announced that a patient having filaria, a lower form of animal life in the blood, would be exhibited at the Section on Surgery and Anatomy in Watkins Hall.

On motion the name of Section 8 was changed from Medical Jurisprudence to the Section of Neurology and Medical Jurisprudence.

The question of changing the working plans of the association was then brought up and occupied several minutes, until Dr. Davis, of Chicago, made the point of order that the discussion was not in order and the matter was laid aside.

Dr. N. S. Davis, of Chicago, the father of the association, then delivered his address on "General Medicine." Dr. Davis' address was a review of some of the most important items presented in the field of practical medicine. It was strictly scientific and devoted to fevers. It was the tendency, Dr. Davis said, to find a specific remedy for each disease, and the chemist had lost no time in supplying an almost endless variety of antiseptics, germicides and antidotes. He then went into the science of fevers, which were morbid conditions of the blood. The use of anti-pyretics did not lessen the duration of disease, he said, but often resulted in the much-dreaded cardiac troubles and injury to the respiratory organs.

The construction of the blood was then discussed, and the action of anti-pyretics on fevers described. Concerning the use of alcoholic liquors in the treatment of continued fevers he showed by statements of experiments that vitality was lowered instead of increased as desired. The direct effect of alcohol on the blood was to lessen the amount of oxygenation of the blood, causing it to produce loss of sensibility and vaso-motor nerve force; or in other words, a true anæsthetic effect upon the nerve centres. The result was that instead of generating any kind or form of force or energy, alcohol in the blood actually diminishes every known force, and instead of conserving the tissues, diminishes and prevents metabolic changes, and thereby promotes both molecular and tissue degenerations, as so uniformly seen resulting from chronic alcoholism.

He cited a large number of clinical statistics and said the conclusion was, that the use of alcoholics and the more recent internal anti-pyretic remedies in the treatment of typhoid fever, uniformly result in one death for every four to seven cases treated; while cases of the same fever treated without any use of these remedies result in only one death for every seventeen to twenty cases. Statistics to support these statements were given. He then discussed the theory of disease and how the highest degree of success in the treatment of acute general disease must be reached. The patient must first be separated from the further action of both the specific and predisposing causes of his disease. The natural elimination and the direct obstruction of heat must be promoted. Local morbid developments must be palliated, and remedial agents must be adapted to the actual stage of the progress of the disease, and specific remedies could only be used when aimed at specific causes early in the morbid stage.

Dr. Davis received vigorous applause, and a vote of thanks for his able paper.

The Secretary then read the report of the Chairman of the Rush Monument Committee. Responses to the appeal for aid to build the monument had not been liberal. The fact that in Italy, France and other countries, monuments were erected to the most prominent physicians was commented on. The committee proposes to make personal application, and when the association next assembles in Washington, as it hopes to do coincidently with the opening ceremonies of the Columbian quadri-centennial celebration, the corner-stone of the Rush monument shall then be laid.

The Treasurer of the committee reported \$4,505.65 collected and \$15.50 disbursed; now on hand \$5,488.19. Both reports were ordered printed in the *Journal*.

The Board of trustees then reported concerning the *Journal*. The circulation is now over 5,000.

Dr. Seiler, of Philadelphia, sprung the question as to who was responsible for the publication of the *Journal*.

The President of the Board of Trustees, Dr. Hooper of Little Rock, announced that the association had no legal standing and there was no responsibility.

Inquiry was then made as to why papers read were left over for a year or so, while papers not read were published.

The discussion was dropped temporarily and the report adopted.

Dr. Comegys, of Cincinnati, then offered a resolution that a committee be appointed with authority to report concerning the enlarging of the *Journal*, the strengthening of its editorial management, etc.

Dr. Shoemaker, of Philadelphia, resented the criticism implied upon the board. It was unkind, unfriendly and unjust to the Board of Trustees, and after all the trouble of editing the *Journal* without compensation, with limited space and thousands of papers, it was impossible to publish everything promptly. He hoped this censure would not be passed. If the association could not uphold the present Board of Trustees, let it appoint a new one. He begged that the Board which had labored so faithfully to build up this *Journal* be allowed to carry it on to its coming success.

On motion of Dr. Kellar, of Arkansas, the motion was almost unanimously laid upon the table.

Dr. Seiler insisted that some of his questions had not been answered and the Chair replied that it was not proposed to answer all the gentleman's questions.

Dr. Davis was then accorded the privilege of the floor, and discussed the enlargement of the *Journal*. The papers read before the association could not all be published promptly unless the numbers for the first two or three months after the meeting be made good sized volumes. If a volume was issued it would be placed on the shelves and never read, but with a weekly issue of from fifteen to twenty double pages the papers were read, and were of some service.

Amendments to the constitution were announced to be in order.

Dr. Kellar, of Arkansas, offered an amendment to repeal that section allowing the sections to elect their own officers and giving the power to the Nominating Committee.

Dr. Bell, of Brooklyn, opposed the amendment.

Dr. Bailey, of Louisville, thought delegates should register with the section that they intended to vote with and be allowed to vote with no other.

Dr. Keller said this had been ordered, but not observed. He had seen delegates running from one section to another, getting men to come in and vote to elect a particular friend or defeat a man that was disliked. He had witnessed scenes that would be disgraceful at any ward in this city or any other city in a political election.

A motion to table the amendment was rejected by a vote of 66 ayes, 74 nays.

The amendment was then adopted by a vote of 72 ayes, 61 nays.

The question was then raised as to whether or not the constitution required a two-third vote for an amendment, and the constitution was consulted and found to read two-thirds. Thereupon the author claimed the amendment to be a by-law.

The Chairman said he could not so decide it. Nobody seemed to understand it. So he declared all the action taken to be null and void.

The association then adjourned until next day at 10 o'clock.

THIRD DAY'S SESSION, THURSDAY, MAY 22, 1890.

Rev. R. Lin Cave opened the proceedings with prayer.

A number of announcements were then made. The delegates were invited to call on Mrs. Polk at 5 o'clock P. M.

The Committee on Nominations, Dr. Eugene Grissom, of Raleigh, N. C., Chairman reported as follows for officers for the ensuing year: President, W. T. Briggs, Tennessee; First Vice-President, C. A. Lindsley, Connecticut; Second Vice-President, R. C. Moore, Nebraska; Third Vice-President, H. C. Wyman, Michigan; Fourth Vice-President, L. P. Gibson, Arkansas; Treasurer, R. J. Dungleison, Pennsylvania; Permanent Secretary, W. B. Atkinson, Pennsylvania; Librarian, C. L. Richardson, District of Columbia; Trustees of Journal, J. B. Hamilton, District of Columbia; J. V. Shoemaker, Pennsylvania; D. E. Nelson, Tennessee.

Judicial Committee—X. C. Scott, M. D., Ohio; W. F. Peck, M. D., Iowa; J. A. Lane, M. D., Kansas; J. H. Murphy, M. D., Minnesota; T. J. Happel, M. D., Tennessee; D. J. Roberts, M. D., Tennessee; A. Garcelon, M. D., Maine.

Committee of State Medicine—Alabama, Jerome Cochrane; Arkansas, T. E. Murrell; California, W. F. McNutt; Colorado, P. V. Carlin; Connecticut, G. H. Price; Dakota, F. J. Kenyon; Delaware, L. P. Brush; District of Columbia, J. B. Hamilton; Florida, F. H. Caldwell; Georgia, Dr. Bullard; Illinois, H. A. Johnson; Indiana, F. W. Beard; Iowa, G. F. Jenkins; Kansas, W. L. Schenck; Kentucky, John McCormack; Louisiana, Dr. Bemiss; Maine, F. Foster; Maryland, G. H. Rohe; Massachusetts, Dr. Abbott; Minnesota, P. H. Willard; Michigan, H. B. Baker; Mississippi, Wirt Johnson; Missouri, E. W. Schaeffer; North Carolina, Dr. Tucker; New Jersey, Dowling Benjamin; New York, C. H. Moore; New Mexico, F. H. Atkins; Nebraska, J. R. Hazzard; Ohio, Dr. Coleman; Oregon, W. D. Baker; Pennsylvania, Dr. Bishop; Rhode Island, H. R. Stoner; South Carolina, G. Simons; Tennessee, J. H. Callender;

Texas, J. R. Briggs; Utah, F. S. Bascom; Vermont, E. R. Campbell; Virginia, H. T. Nelson; West Virginia, S. L. Japson; Wisconsin, B. O. Reynolds; Washington, J. T. Wilsey; United States Army, F. C. Ainsworth; United States Navy, T. Wolverton; United States M. H. S., Walter Wyman.

Committee on Necrology—Alabama, J. T. Searcy; Arkansas, R. G. Jennings; California, W. Anderson; Colorado, W. H. Hawkins; Connecticut, W. A. M. Wainright; Dakota, F. M. Crain; Delaware, L. P. Brush; Florida, F. Stringer; Georgia, Dr. Cortelyon; Illinois, C. P. Corn; Indiana, J. F. Hibberd; Iowa, D. M. Crouse; Kansas, Levi Horner; Kentucky, William Bailey; Louisiana, J. R. Matthews; Maine, A. J. Fuller; Maryland, David Street; Massachusetts, H. A. Morley; Minnesota, W. W. Mayo; Michigan, W. B. Alword; Mississippi, B. F. Kittrill; Missouri, J. M. Jordan; North Carolina, Charles James O'Hagan; New Jersey, J. D. Hough; New York, Nathan Jacobson; New Mexico, Louis Kenyon; Nebraska, D. C. Bryant; Ohio, L. P. Deahofer; Oregon, Dr. Schackelford; Pennsylvania, T. M. Shaw; Rhode Island, Dr. Chapin; South Carolina, A. A. Moore; Tennessee, F. L. Sim; Texas, W. P. Bents; Vermont, M. R. Crain; Virginia, L. B. Edwards; Wisconsin, J. G. Meachem; West Virginia, Dr. Barbee; Washington, N. G. Essig; United States Army, C. R. Greenleaf; United States Navy, I. W. Ross; United States Marine Hospital, F. Irwin.

To deliver the Annual Addresses—"General Medicine," E. L. Shurley, Michigan; on "General Surgery," Joseph M. Matthews, Kentucky; on "State Medicine," W. L. Schenck, Kansas.

The question of adopting the report then came up, and the discussion was very lively.

Dr. Walker, of Michigan, moved to amend by inserting Washington for San Francisco.

Dr. Shoemaker, of Philadelphia, made the point of order that the Association had already decided to meet in Washington every second year.

Dr. Hyatt, of Ohio, favored Washington.

Dr. Gabin, of Omaha, Neb., moved that Omaha be substituted for Washington, and made an eloquent appeal that the invitation extended by the Omaha society be accepted. He described the beauties and advantages of the city, and said accommodations for all the sections would be had within two blocks.

After some discussion as to the proper manner of procedure, the vote was taken. Only about one-fourth of those present preferred Omaha to San Francisco, so that motion failed.

The question of substituting Washington for San Francisco then came up, and the substitution was made, so the Association goes to Washington next year, as the report was adopted as amended.

Dr. D. W. G. Pattison, of Washington, was made Chairman of the Committee on Arrangements, and Dr. C. H. A. Kleinschmidt, Secretary. Dr. Grissom, Chairman, conducted the discussion of the report and displayed considerable parliamentary knowledge and presence of mind in pushing the questions to a vote. His action was approved by the delegates.

Dr. Samuel Logan, of New Orleans, then delivered the annual address on General Surgery. He began by saying he would give some of the improvements that had been made in general surgery during the past few years. One of the most important subjects in the practice was general anæsthesia. Thorough investigation showed that chloroform, when it resulted fatally, arrested respiration before it affected the heart. He then gave minute details of the proper method of administering chloroform. It should be given largely diluted and very gradually. Ether should be given undiluted and very rapidly. Dr. Logan gave a detailed description of all the different stages in administering anæsthetics, and told what phases should be avoided and how to remedy any ill-effects displayed. He then gave an account of the progress made during the past year.

Dr. Logan gave a synopsis of Dr. Kenyon's report on an investigation of the condition of the nurses in the New Orleans Hospital just before operations were to be performed, and twenty-five out of the twenty-seven examined had micro-organisms on them. He then discussed the dangers of transmitting blood affections by contact of a medical attendant's hands with a patient, in surgical departments especially. The address was full of interesting facts in connection with surgery, cases being cited. Dr. Logan closed by urging unity in diversity. Whatever advances were made in one line or field will benefit the whole line of battle. Dr. Logan was vigorously applauded, and his address ordered published in the *Journal*.

Dr. Wood, Chairman of the Committee on Dietetics, then made his report. He thought the white race in America had not improved to that extent that it should. Notwithstanding the salubrious climate, the race was on a decline. If jaws and teeth were properly used in

mastication, they would develop into strong and healthy parts. The culinary art had been carried too far. If it did away with the necessity for mastication, why not carry it a step further and do away with the necessity for digestion? The habit of washing down food with drink caused small jaws and poor teeth, and was the cause of more lack of beauty than any other one thing in America. Saliva was the only ferment with which food could be properly digested. The child fed on strong food, compelling mastication, would grow up into a strong, healthy adult, with good stature, plenty of vitality, and would live to a ripe old age. Defective jaws and teeth were the first step downward of the nation and race, would ultimately end in oblivion. This question lay at the threshold of our liberty and perpetuation of our race. With general and proper attention the Americans could develop into far more beautiful people than the ancient Greeks, who were a conglomeration of the blood of numerous barbarians. Science was our oratory and peace our pursuit. We had the blood, why not make it tell?

Dr. Wood's address was listened to attentively and vigorously applauded. Dr. Wood is a fluent writer, an easy speaker, and an author of some note, "Tancredie, a Tale of the Opera," being his best known work.

The Secretary of the Committee on Dietetics reported favoring the change of the name of Section 1 to "Section on Dietetics and Physiology." Adopted.

Dr. Willard, of St. Paul, reported the resolutions adopted by the association formed yesterday of medical colleges, and asked that the American Medical Association give its hearty approval of the report. The report was approved.

Dr. Moyer, of the Chicago Medical Association, offered a resolution that at future meetings all business be conducted on the floor of the house, and that the President recognize no member upon the platform except the Secretary; but the President may invite any one to address the Association from the platform. At former meetings most of the business had been conducted on the platform, and he thought all delegates should be on the floor on equal terms.

A motion to table the resolution failed.

Dr. Grissom said no reflection was made in the resolution upon any former Association meeting, nor individuals. It was universal parliamentary law that all speakers should step down upon the floor to speak.

Dr. Davis moved to amend by adding "and Chairman of the Committee on Arrangements."

Dr. Murphy did not favor inviting gentlemen to the platform and then putting a cob in their mouth.

Dr. Brodie, of Detroit, opposed the resolution and called attention to the fact that Mr. Grissom, who had made a flowery speech, had read his committee report from the platform. The resolution was adopted.

The following Committee on President's Address was announced to report next year: W. S. Schenck, Kansas; B. Lee, Pennsylvania; T. B. Evans, Maryland; E. Grissom, North Carolina; H. B. Baker, Michigan.

The floor was then granted to several gentlemen to make explanations, and this promised to last into the night, when Dr. Davis asked if there was anything before the house, and finding that there was not, he moved to adjourn. Carried.

FOURTH DAY'S SESSION, FRIDAY, MAY 23, 1890.

Rev. Geo. A. Lofton, of the Central Baptist Church, led in prayer, beseeching that the influence of this meeting of the greatest association of men in this great scientific age be long felt; that the duties be completed and all delegates allowed to return safely to their homes.

Dr. Alford L. Carroll's address on "State Medicine" was read by title, he not being present.

The officers of the section so far as reported were announced as follows:

Surgery and Anatomy.—Chairman, Dr. McGrew, of Detroit; Vice-President, Dr. J. B. Deaver, of Philadelphia; Secretary, Dr. W. E. B. Davis, of Alabama.

Medicine, Materia Medica and Practice.—Chairman, Dr. W. Osler; Secretary, Dr. George Dock, Galveston.

Ophthalmology.—Dr. Leartus Connor, Detroit; Secretary, Dr. T. E. Murrell, Little Rock, Ark.

State Medicine.—Chairman, J. D. Plunket; Vice-Chairman, C. A. Ruggles, of California; Secretary, F. S. Bascom, of Utah.

Diseases of Children.—Chairman, W. P. Wharton, New York; Secretary, H. A. Hare, Pennsylvania.

Dental and Oral Surgery.—Chairman, Dr. Eugene S. Talbot, Chicago; Secretary, Dr. Henry W. Morgan, Nashville.

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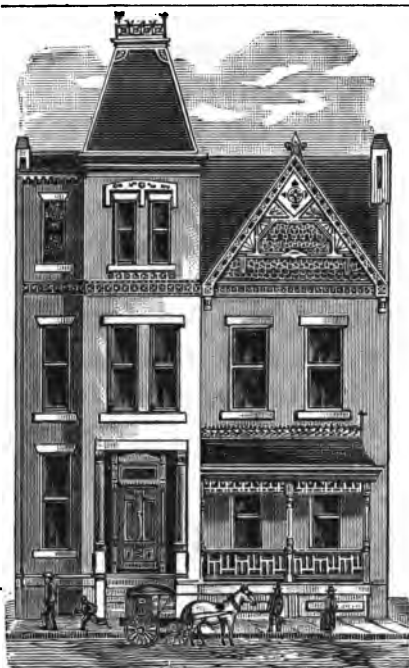
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Dermatology and Syphilography.—Chairman, L. D. Bulkley; Secretary, W. T. Corbett.

The President announced the appointment of delegates to attend the International Conference of Medicine, at Berlin, Germany.

Dr. Brodie offered a resolution that all who desired to attend could have commissions as delegates signed by the Secretary on application.

On motion of Dr. Hollister, each section was authorized to copy-right its programme so that it be published in the *Journal* exclusively.

On motion of Dr. Toner, the chair appointed a committee to consider the question of holding a centennial celebration of the discovery of vaccination in 1896. Dr. Toner was made Chairman.

Dr. Toner resigned the position on the Board of Trustees for the *Journal*, and notwithstanding his protest President Moore was elected to the vacancy.

On motion *Materia Medica* was removed to a new section to consist of *Materia Medica* and Pharmacy. Dr. Frank Woodbury, of Philadelphia, was elected Chairman of the new section, and Dr. W. G. Ewing, of Nashville, Secretary.

A number of reports were read, including that of the Committee on Coroners. The office, it said, was too often a political one and filled by incompetent men. The following resolution was presented by the Committee and adopted unanimously :

Resolved, That the American Medical Association respectfully call the attention of the various State Boards of Health and State Medical Societies, to the subject of a careful revision of the coroner laws, and be requested to take an active interest to secure such legislation as, in their judgment, may seem best to accomplish this purpose.

The communication from the Tennessee Druggists' Association concerning the prescription of patent medicines was read.

Dr. Shoemaker, of Philadelphia, moved to refer to the Section on Pharmacy.

Dr. Daly, of Pittsburgh, moved in lieu that the communication be received and approved, and the thanks of the Association be returned. Carried.

It was moved that a vote of thanks be returned to Dr. Atkinson for his long and faithful services as Permanent Secretary. Adopted with the amendment that the Board of Trustees be requested to appropriate \$100 for him.

The Committee on Resolutions concerning the death of Dr. John

W. Jackson, First Vice-President of the Association, reported, and the report was adopted.

Dr. Brooks expressed the thanks of the Association to the local committees for attention shown. In no city in the world were there more beautiful women or hospitable men.

Dr. Shoemaker, of Philadelphia, made an eloquent speech, saying in no other city in the country, North, South, East or West, was it possible for such cordial, genuine hospitality to be shown to people of the North. He offered the following resolutions, which were unanimously adopted:

Resolved, That the American Medical Association wishes to express their high appreciation to the Chairman of the Committee of Arrangements and the profession of Nashville for their prompt and efficient arrangements during the meeting of the Association in this city.

Resolved, That the Association tender their thanks and warm appreciation especially to President and Mrs. Briggs, Dr. and Mrs. Richardson, Mr. and Mrs. Wilson, Mrs. Ex-President Polk, Mrs. Conally, Mrs. Watkins, the Ladies' Committee and assistants, Prof. and Mrs. Hancock, Gen. Jackson and the citizens of Nashville for their cordial reception and handsome entertainment given to the members of the Association.

Resolved, That we return thanks to the newspapers, the clubs, the hotels and the railroad companies of Nashville for the many considerations extended the American Medical Association.

Dr. Moore, the retiring President, then personally and in the name of the Association thanked the ladies of the city for their unequalled entertainments.

Dr. Davis, Brodie and others made addresses expressing their hearty appreciation of the courtesies shown.

Dr. Moore, retiring President, then briefly introduced Dr. Briggs, the newly-elected President, who in a few words expressed his high appreciation of the honor conferred upon him. The Association then adjourned *sine die*.

THE EXHIBITORS DID A GOOD BUSINESS AND ARE WELL PLEASED.

The exhibitors were all very well pleased with their business here. Some of them have had great success. Over fifty dental and surgical chairs were sold in the hall. A large number of the dental and surgical instruments were disposed of, one or two exhibitors selling nearly all they had on hand. A large number of the McIntosh Galvano-Faradic Batteries were sold to physicians. In fact, all the parties having goods for sale did very well and all the parties who advertised

by distributing samples have made arrangements to place their goods on sale here. Dr. J. Berrien Lindsley, who was Chairman of the Committee on Exhibitions, deserves great credit for the success of the affair. All of the sixty or more exhibitors were pleased with their treatment. Dr. Lindsley had entire charge, and for two weeks has devoted his entire time and attention to the exhibition.

MEETING OF THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.

There was about sixty-five editors in attendance when the Association met in the lecture-room of the Vanderbilt Law School, Monday night May, 19th ult. A number of local physicians and delegates witnessed the proceedings.

The address of welcome was made by Dr. J. Berrien Lindsley, who feelingly and heartily expressed his pleasure at meeting the visitors.

Dr. I. N. Love, of St. Louis, editor of the *Medical Mirror* and President of the Association, was introduced and delivered his annual address, in which he said, among other things:

"We often hear the statement that there are too many medical journals, but it is no more true than is the statement that there are too many doctors or workers in other fields. As long as good work is done and the governing thought of the worker is the accomplishment of the general good, there cannot be too many good workers either in journalism or any other field. The inexorable law of the survival of the fittest will obtain and solve the problem here as elsewhere."

Dr. F. L. Sim, of Memphis, read a paper on "The Needs of Journalism," urging that the evils of the secular press be avoided.

The statement that Dr. Hills had, within the past year, renounced homeopathy was received with applause.

A paper on "The Progress of Medical Literature" was then read by Dr. T. D. Crothers, of Hartford, Conn.

A committee was appointed to nominate officers for the Association for the ensuing year:

Dr. N. S. Davis, of Chicago, the father of the American Medical Association, by request, expressed his views of the papers that had been read. Dr. J. C. Culbertson also spoke.

The Committee on Nominations made the following report, which was unanimously adopted :

For President, Dr. F. L. Sim, Memphis; Vice-President, Dr. Frank Woodbury, Philadelphia; Secretary and Treasurer, Dr. J. C. Culbertson.

It was decided that at its next meeting the Association discuss the effects of the rapid increase of free dispensaries. The following committee on the question was appointed: Dr. N. S. Davis, Chicago; Dr. Frank Woodbury, Philadelphia, and Dr. John B. Hamilton, Washington, D. C.

The Association then adjourned to meet next year at the same place chosen by the American Medical Association.

Adjournment was then taken to Baxter Court Cafe, where the annual banquet was enjoyed. The following were the toasts and responses:

"American Medical Association"—Response by Dr. N. S. Davis, Chicago.

"Medical Journalists and the Medical Profession"—Response by Dr. Chas. H. Hughes, St. Louis.

"The Association Journal in Its Relation to the Profession and Other Medical Journals"—Response by Dr. Hollister, Chicago.

"Quarantine Health Affairs and the American Medical Profession"—Response by John B. Hamilton, M. D., Surgeon-General U. S. M. H. S.

"There is the East, but Why is it not Here in Larger Numbers?"—Response by Dr. Wm. Waugh, Philadelphia, Pa.

"The West, Which Can Always be Relied Upon"—Response by Dr. J. C. Culbertson, Cincinnati.

"The South, Ever Loyal and True to the Organized Medical Profession"—Response by Dr. Jos. Matthews, Louisville, Ky.

"Medicine—Broad Enough to Include Every Honest Member Desirous of Benefitting Humanity"—Response by Dr. Alfred K. Hills, New York, N. Y.

"The Committee on Nutrition"—Response by Dr. E. A. Woods, Pittsburg, Pa.

"Vanderbilt University—the Model University of the South"—Response by Dr. T. Menees, Nashville, Tenn.

"The Volunteer State, Tennessee Whose Fair Women, Statesmen, Doctors, Horses, and Everything Else, Make Her the Jewel in the Crown of Southern States."—Response by Hon. Jos. H. Acklen, Nashville, Tenn.

LISTERINE.—The following is the conclusion of a very commendatory article in the *London Medical Recorder* for March, in regard to the above well-known preparation:

"Experience points to its reliability in obtaining that condition of asepsis which is the ideal of every surgeon, and it has the distinct advantage of being fragrant and non-poisonous. Its antiseptic and anti-fermentative properties are not confined to lesions of the surface structures, and it is largely used for internal medication, in doses of a teaspoonful, in suitable cases. It does not coagulate serous albumen, and it is thus free from the draw-back which so markedly limits the action of such agents as corrosive sublimate, most of which are, moreover, extremely poisonous. Listerine, then, is an agreeable and powerful antiseptic and deodorizer, well adapted for ordinary surgical work, available for internal administration, and useful for gargles, mouth-washes, and lotions, for which purpose it may be employed without hesitation, seeing that no mishap can occur, even in unskilled hands."

MACROSCOPIC OBSERVATIONS, showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. MILLER, A.B., PH. D., D.D.S., Professor of Operative and Clinical Dentistry, University of Berlin, from whose deductions Listerine appears to be the most acceptable prophylactic for the care and preservation of the teeth.

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MR. E. F. KLOMAN, the representative of the New York Pharmacal Association is a live man, ready of tongue, and is merciful to the tired Doctor. His house has never been so well represented in this section.

COCAINE has in occasional instances developed peculiar aphrodisiacal effects; therefore, be cautious how you use it in cases of your female patients.

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THE BEST ANTISEPTIC.
FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

FORMULA.—*Listerine is the essential antiseptic constituent of Thyme, Eucalyptus Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.*

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DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines, or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry; malt liquors and sweet wines are veritable poisons to these patients

WAYNE'S DIURETIC ELIXIR,

COMPOSED OF BUCHU, JUNIPER, ACETATE OF POTASH, ETC.

DIURETIC AND ALTERATIVE.

INDICATIONS.—Acute and Chronic Catarrh of the Bladder. Brick Dust and Chalky Deposits in the Urine, Gravel, etc. Acute and Chronic Bright's Disease, Lumbago, and in Acute and Chronic Rheumatism.

PRESCRIBED and Endorsed by the Leading Physicians of the U. S. It is giving universal satisfaction to the profession. It seems to be ALMOST A SPECIFIC for Diseases of the Genito-Urinary Organs.

EXTRACT FROM LETTER, W. F. GLENN, M.D.,

Professor of Genito-Urinary Diseases in the Medical Department of the University of Tenn.,

No practitioner passes many days, or seldom many hours, without being called upon to prescribe for some real or imaginary disease of the kidneys. While such serious disorders as diabetes and Bright's disease, in which these organs are fatally involved, are occasionally met with, they are few as compared with the many minor affections, not only in the kidneys themselves, but on all parts of the genito-urinary tract. Catarrh of the kidneys, ureter, bladder or urethra, irritations and congestions of the various parts of the urinary apparatus, are as common as bad colds. What is more frequent than patients complaining of pain in the back, in the region of the kidneys, with or without a scant flow of urine, or a burning sensation in the neck of the bladder or urethra on voiding urine, and numbers of other similar ailments. In all forms of functional derangements of these important excretory organs the administration of a gentle but effective diuretic generally affords relief. Where an analysis of urine proves the absence of elements that would indicate serious organic lesions it is a safe and in fact a proper course, to use a remedy that will stimulate to gentle action the cells of the kidneys, thereby increasing the watery portions of the urine. Such a course will rarely fail to affect a cure.

For this purpose there is nothing superior to buchu, juniper, acetate of potash, corn silk and digitalis. The action of many of this class of remedies, such as corn silk, juniper, eucalyptus, etc., have a more or less specific influence on bladder and urethral irritations and inflammations.

Some years since my attention was attracted to a remedy styled Wayne's Diuretic Elixir, which, upon examination, I found to be a combination of acetate of potash, juniper and buchu, prepared in such a manner as not to be unpleasant, but rather agreeable to the taste and accurate in its proportions. Being easier to prescribe and by far more pleasant to the patient than the same remedies freshly mixed in the drug store, I began to use it in all irritations of the kidneys, bladder, urethra and prostate gland, and have found it to meet every indication. Now, when I desire a mild diuretic effect continued for some time, I rarely depart from this mixture. Prof. Deering J. Roberts, Surgeon to the State Prison, has been using it largely of late at the hospital of that institution, and reports it perfectly satisfactory. Numbers of others of my medical brethren, to whom I have suggested its use, have reported it thoroughly satisfactory. Case after case taken from my own and from other record books, could be cited to show its satisfactory effects, but that is hardly necessary. And while I am not an advocate of the wholesale use of all the various preparations that are now crowded upon us, at the same time, after thoroughly testing this one for some years, I feel that it will not be amiss to present its virtues to the profession. Not for any new virtues that its ingredients may possess, for they have been understood for many years, but because of its careful preparation and pleasant taste, and thereby ready utility. From the very highly satisfactory results obtained by me for the past five years, I am quite sure its use will be attended with no disappointment or regret.

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The **OXYDIZING AGENTS**—Iron and Manganese;

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Children take it and never know it is Medicine.

NEVER PRODUCES SICK STOMACH, and always produces the same result as the bitter quinine. In the manufacture of quinine there is left, after crystallizing the quinine, dark colored substance known as Amorphous Quinine. We have by purifying the Amorphous Quinine obtained a pure alkaloid, the active principle of the Amorphous Quinine, which we have rendered tasteless, and which is equal to Sulphate of Quinine in every respect. It is tasteless, because it is insoluble in the mouth, but dissolves readily in the acids of the stomach. We use no Tannin; no Yuba Santa, which contains a large per cent. of Tannin.

Physicians can make Tasteless Tonics for Children and Lads by combining with the Febriline Iron by Hydrogen, Carbonate of Iron, or Iodide of Potash.

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CHAS. C. THOMPSON, M. D.

Vernon, Ind., Jan. 25, '88.

Gentlemen:—I have tried Tasteless Quinine with splendid result. It can be taken by children readily, and will produce the same result as the Quinine Sulph. I shall continue to use it, especially among children, and can heartily recommend it to any one desiring a palatable and reliable preparation of this drug.

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Dear Sirs:—Received samples of your Tasteless Quinine Preparations. Found them satisfactory. Am using them in all cases of children requiring quinine.

E. F. BEVENS.

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Air Mount, Miss., Jan. 28, '88.

Paris Medicine Co., Paris, Tenn.

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R. M. WILSON, M. D.

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The special indication of this combination of Phosphates in Spinal Affections Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium and Tobacco Habits, Gestation and Lactation to promote Development, etc., and as a physiological restorative in Sexual Debility and all used-up conditions of the Nervous System should receive the careful attention of good therapeutists.

There is no strychnia in this preparation, but when indicated, the Liquor Strychnis of the U. S. Dispensatory may be added, each fluid drachm of the solution to a Pound of the Elixir making the 64th of a grain to a half fluid ounce, an ordinary dose, a combination of a wide range of usefulness.

DOSE.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

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(12B)

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(13B)

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AN OPEN LETTER TO THE MEDICAL PROFESSION.

THE INFANT FOOD PROBLEM SOLVED.

NEW YORK, May 1, 1890.

The Annual of the Universal Medical Sciences for 1889 says; "A perfect Infant Food is still a desideratum; such a food will probably be evolved in the mind of some manufacturer who understands the physiology of infantile digestion and the chemistry of milk. A substitute for human milk to approximate the latter closely should be made entirely from cow's milk, without the addition of any ingredient not derived from milk."

"But not alone do we demand that these Milk Foods contain the equivalent of the solids in human milk, and especially of the albumoids derived from milk, but that the latter be gathered with the utmost care from properly fed animals, transported with the least possible jolting to the factory, maintained during its transit at a low temperature, then transferred to an apparatus for sterilization, and immediately after the latter has been accomplished reduced to the dry state in order to prevent the formation of those organisms which Leoffer, Pasteur, and Lester have found to develop in fluid milk after boiling under an alkaline reaction. If such a preparation be put into air-tight and sterilized jars, all will have been accomplished that can be done to render the food sterile, and thus fulfil the chief indications in the prevention of the most serious gastro-intestinal derangements."

"Such a food, too, would have the advantage of being easily and readily prepared by addition of sterilized water, affording an altogether sterilized food."

To the Medical Profession at large, we submit for examination and trial the perfected Milk Food known as LACTO-PREPARATA. We claim that LACTO-PREPARATA is an ideal Infant Food, and that it fulfills the above requirements in every particular, except the partial substitution of unstable milk-fat for cocoa-butter. This substitution was made by advice of Prof. Atfield, London, who made extensive tests of its food value and digestibility in the London Hospitals for Infants.

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(19B)



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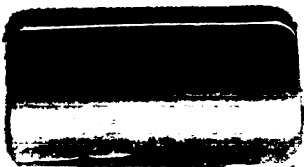
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From the *New York Medical Journal*, March 22, 1890, we quote a brief resume of some experiments recently made with Hydrastinine in gynecological practice:

Dr. Edmund Falk, of Berlin, gives an account of this new alkaloid, $C_{17}H_{19}NO_5$, which is formed, along with orcinic acid, by gently heating a mixture of hydrastine and nitric acid and precipitating with an alkali. Dr. Falk has made repeated experiments with Hydrastinine, and suggests it as a remedy in the treatment of uterine hæmorrhages as being much more prompt and sustained in its action than ergotine. Report is made of twenty-six cases systematically and successfully treated with it. The twenty-six patients received in all four hundred injections of Hydrastinine hydrochloride in the form of a solution varying from five to ten per cent. There was no noticeable local irritation following these injections at any time. The patients were unanimous as to the painlessness of the applications and the freedom from that subsequent discomfort which so often arises from the use of ergotine. The discoverer is making further investigations, the results of which are to appear in due course in the *Archiv für Gynäkologie*.

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